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# THE A AMERICAN PSYCHOLOGIST

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VOLUME 5



NUMBER 1

*January, 1950*

*Published Monthly by*

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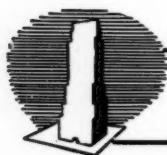
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# THE AMERICAN PSYCHOLOGIST

The Professional Journal of the American Psychological Association, Inc.

Volume 5

January, 1950

Number 1

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THE AMERICAN PSYCHOLOGIST is published monthly by the American Psychological Association, Inc., at Prince and Lemon Streets, Lancaster, Pennsylvania. Subscription: \$7.00, single copy \$.75. Communications on business matters should be addressed to Publishers, The American Psychologist, Prince and Lemon Streets, Lancaster, Pennsylvania, or the American Psychological Association, Inc., 1515 Massachusetts Ave., N.W., Washington 5, D. C. Address communications on editorial matters to 1515 Massachusetts Ave., N.W., Washington 5, D. C.

Entered as second-class matter January 9th, 1946 at the Post Office at Baltimore, Md., under the Act of March 3rd, 1879. Acceptance for mailing at special rate of postage provided for in section 538, Act of February 25, 1925, authorized August 6, 1947.

Application for Re-entry at the Post Office at Lancaster, Pa. Pending.

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## THE RELATIONSHIP OF CLINICAL PSYCHOLOGY AND PSYCHIATRY<sup>1</sup>

WILLIAM C. MENNINGER

*Menninger Foundation*

IT is with a sense of very special responsibility that I accepted this signal honor that you bestowed upon me in extending the invitation to discuss the relationship of clinical psychology and psychiatry. I want to commend your Program Committee for a plan which permits those of us in related fields to discuss with each other our different points of views.

I am quite sure that I was not invited merely to present platitudes about our relationships nor to offer bouquets to a sister profession. Neither is it my intention to attempt a critical evaluation of the field of clinical psychology. This I feel would be presumptuous. I do wish to discuss the interrelations of psychiatry and clinical psychology.

To see ourselves as others see us—no matter what they see—should be helpful. In 1894 the American Psychiatric Association at its fiftieth anniversary meeting invited the famous neurologist, Dr. S. Weir Mitchell, to give an evaluation of the Association (19). His remarks were almost caustic and disturbed the complacency of the membership for some years. In 1944, at the 100th anniversary meeting, Dr. Alan Gregg was invited to give a critique of psychiatry (6). In forceful language he told the psychiatrists that they were badly recruited, isolated from medicine, too inarticulate and long suffering.

My hope is that my remarks may be interpreted in the light of my avowed respect for the place of psychology in the practice of psychiatry, plus my very satisfying personal experiences in working closely with clinical psychologists. Many of you know of our struggle in the army during the war to persuade the Adjutant General that the clinical psychologists who were in his department since World War I belonged in the medical department (17). It is my often reiterated opinion that clinical

psychology is essential to the best practice of psychiatry (16, 18). The integrated relationship of team experience of clinical psychologists and psychiatrists in Topeka is a matter of pride to both professional groups. The attitude of the psychiatrists in that team was well expressed by my brother when he said that "the diagnostic function of the psychologist is now so well established in psychiatry that the competent psychiatrist would no more exclude the special techniques of the psychologist in his diagnostic studies than would a capable internist routinely exclude the findings of the roentgenologist" (14, 15).

A part of the special responsibility I feel is the real expectation that, as a psychiatrist, I will of necessity represent psychiatry. There should be no illusions, however, that I am speaking officially for psychiatrists because of my recent official responsibilities in psychiatric organizations. I can speak only for myself, although I believe that many of our leading psychiatrists would agree with most of the opinions which I express. In July, many of you received the report (9) of the Committee on Clinical Psychology of The Group for the Advancement of Psychiatry, a collective opinion regarding professional relationships as formulated by psychiatrists but with the guidance of some of your own members. That document does represent the consensus of at least 100 psychiatrists but for many reasons does not touch on certain points which I wish to discuss here.

Clinical psychology and psychiatry are engaged in a mutually cooperative enterprise, an association that has developed within our own generation. It is to be expected that there would be some areas of misunderstanding, even some of disagreement. It is our mutual obligation, however, to clarify these with the greatest possible speed since our job is not concerned with academic disputes but with the health and welfare of people. In order that we may give patients the maximum benefit of our combined skills, it is incumbent upon us to work out

<sup>1</sup> Address given at the Annual Meeting of the American Psychological Association, Denver, Colorado, September 9, 1949; published also in the January 1950 issue of the *Bulletin of the Menninger Clinic*.

our own interpersonal and working relations as rapidly as possible.

We are told reassuringly that many of these misunderstandings are ghosts. A survey (2) has indicated that at local levels, there is generally a harmonious relationship. This, however, does not necessarily mean that the existing relationship is the best one. Furthermore, in many situations the appearance of harmony may be due to the fact that there is no overt resentment or hostility. We cannot minimize the evidences of both ignorance and criticism within each group concerning the other which in turn give rise to varying degrees of insecurity and even fears.

During my war experience I did do battle in order that the psychiatrists and the clinical psychologists might work together. It was something of a surprise to me to learn that a large percentage of physicians practicing psychiatry had never been associated with a clinical psychologist and, similarly, that many of the individuals classified as clinical psychologists had never worked in a medical setting. I have no doubt that the war experience was a major impetus towards bringing our professions closer together. Many of us have strong convictions based on personal experience that our association together is essential and that our relationships can be effective and satisfying. On the other hand, many clinical psychologists and many psychiatrists have not had such a relationship and, therefore, lack such convictions.

Since many of my remarks will of necessity relate to the attitude of the psychiatrist toward the clinical psychologist, it might be well to indicate some of my insight into the psychologist's attitude toward the psychiatrist. In both instances, may I remind you that my remarks will express the opinions or the evaluations of only some clinical psychologists and some psychiatrists. In both cases they are far from being unanimous opinions. Such attitudes are based on individual experiences and therefore are always strictly personal. We must accept the fact, however, that they do represent the feelings that exist in some of the members of each group towards the other.

Not infrequently the psychologist at a case conference has good reason to believe that the psychiatrist is pontificating, tending to brush aside any contribution made by others than psychiatrists. The narcissistic injury to the psychologist is increased by the fact that he knows that even the

most opinionated psychiatrist usually does accept the findings of the roentgenologist or of the clinical pathological laboratory. Such a situation may represent an inadequate respect for the psychological test findings on the part of the psychiatrist. It may represent the assumption that only psychiatrists have a right to an opinion on a case, whether or not the opinion is based on test findings.

A common complaint is that some psychiatrists substitute "experience" for evidence and make the misunderstanding worse by appearing to have an uncritical attitude towards their own work, confusing opinions and theories with facts. Such confusion may be clearly evident to the research trained psychologist.

Psychologists believe that they should decide upon the various tests to be applied in a specific case study and that the psychiatrist is out of step and usurping the judgment of the psychologist when he, the psychiatrist, asks that a specific test be given. The psychologist, like the psychiatrist, is inclined to guard his domain jealously and, as a consequence, such a request is interpreted as the psychiatrist's bad judgment or ignorance in crossing the boundaries of another profession. In the area of treatment, one occasionally hears the argument that psychiatrists ignore the fact that the general practitioner in medicine practices psychotherapy with little or no competence and yet strongly opposes the psychologist entering that realm.

#### BACKGROUND OF SIMILARITIES AND DISSIMILARITIES

Having expressed the criticism of some psychologists towards some psychiatrists, my subsequent remarks will deal with the attitude of the psychiatrist towards the psychologist. In so doing I shall return to discuss some of these points just mentioned. Before considering the current relationships between clinical psychology and psychiatry, it might be well to examine the perspectives of these two professions as to their similarities and dissimilarities.

Discussion can be confusing because as yet there are various semantic interpretations of the word "clinical."<sup>2</sup> In medicine, the term "clinical" re-

<sup>2</sup> Louttit has collected five different groups of definitions of clinical psychology, without reference to the standard dictionary definition of the word "clinical." His comments are biased by his concept of medicine as dealing only with organic pathology (13).

fers to the diagnosis and treatment of sick people. The first usage of the term "clinical psychology," coined by Witmer in 1896, referred to work in a psychological clinic for the treatment of all classes of children suffering from retardation or physical defects interfering with school progress (20). The term is still in common usage to apply to the work in personnel selection, vocational guidance and other fields. Strenuous efforts are being made to clarify this confusion and the considerations of the special committee of the American Psychological Association deal strictly with the concept of the clinical psychologist as one who works with seriously maladjusted people. Until the accreditation program of the psychologists has had time to become effective, both groups will be harassed with the recurring question: "Who is a clinical psychologist?"

Among the similarities, clinical psychology together with psychiatry is deeply concerned with the problems of mental health. This subject has rather suddenly risen to a position of great importance in the mind of the public. Undoubtedly the war experience was responsible for this to a large degree and as a result the spotlight is focused on these two disciplines. The stresses and trauma related to the war, involving such vast numbers of people over most of the world, were responsible for personality deviations of a degree and type that occurred only endemically, or to a minor extent, during the previous period of peace. The experts, who for the most part had both to deal with and to explain these reactions, were the psychiatrists, psychologists and psychiatric social workers. None of these professions was prepared adequately to meet this emergency, with the result that the spotlight of the war has shown up some of our weaknesses.

In both psychology and psychiatry we need far greater knowledge. Both professions are extremely short of personnel. The current demands for service are far beyond our ability to meet them. As a result we are both in what Rapaport (21) called a "seller's market" which seriously threatens our professional idealism and presents the danger of a mushroom growth of quacks and incompetents in our fields.

Psychiatry and clinical psychology have the common problem that a considerable number of individuals without adequate training or qualifications are working in these fields. They present themselves to the unknowing public as members of our

professions. Clinical psychology is in a little worse situation than psychiatry because the persons practicing psychiatry are at least graduate physicians; by comparison, some of the individuals purporting to be clinical psychologists do not hold even a master's degree. The public, unfortunately, judges us by what we call ourselves, i.e., psychiatrists and clinical psychologists, rather than by investigating our qualifications and training.

Another similarity—which is at the same time a great advantage and a handicap—is that both our professions are comparatively recent offshoots of large and very old professions. The result in both cases has been a somewhat skeptical attitude by the major profession of which they are a part. Both our specialties are a long way from being fully accepted by their parent bodies and in some limited areas they are even rejected. Therefore, both clinical psychologists and psychiatrists must currently devote no small amount of effort to interpreting themselves, and making helpful contributions to the much larger fields of psychology and medicine in order that they may gain the desired full acceptance.

Finally, both psychiatry and clinical psychology, perhaps because of the urgency resulting from their comparatively late start, have made enormous gains in knowledge within their fields in a very few years. Both have developed many new techniques and approaches with a resulting accumulation of wider understanding, increasing areas of application and positive results. Nevertheless it requires time for the acceptance and wide application of this knowledge.

There are some major dissimilarities between clinical psychology and psychiatry. Clinical psychology has the advantages as well as the handicaps of youth, so ably presented to you by Doctor Gregg last year. The great advantage, as he pointed out, is its still current freedom "to chart its course, make its promises and find its friends" (7). By contrast, psychiatry, being somewhat older, already has charted its course; for that reason, it has much to unlearn or relearn; before the last war it perhaps had more enemies than friends.

Psychology, because it is relatively new in the clinical field, has as yet had only limited opportunity both in the area of training and experience to develop a widely accepted and thus uniform system of practice and ethics towards fellow workers and patients. In contrast, psychiatry has long

been a part of a profession which has developed and crystallized a close relationship among its practitioners, and a code of ethics concerned with the care of the patient. Clinical psychology arose from a background of testing, investigation and an experimental approach; psychiatry from a background of humanics, public service, close interpersonal relationships with suffering people, and an almost entirely clinical approach.

Consideration of these dissimilarities throws light on some of the difficulties in the current relationships between clinical psychology and psychiatry. Clinical psychology is still in the position of struggling for recognition and status.

In the clinical field, a major obstacle relative to its acceptance is the fact that physicians always have had and will continue to have the major responsibility for defending people against disease and protecting them against death. Because of this responsibility, the public attributes to physicians the magical qualities of omnipotence and omniscience. There is no experience in either the training or the practice of clinical psychology which can provide some of the disciplinary effects of medical practice: knowing that one has done something that cost a life or failed to do something that would have saved a life; and on the other hand, experiencing the emotional satisfaction when one has been able to do something that brought the near-dead back to the world of the living.

There is another comparative difference in the training of psychiatrists and clinical psychologists which sometimes is either ignored or forgotten. This has to do with the length of the training period. Psychiatric training has become almost entirely a post-doctoral training. This means a minimum of 12 years from the time a man enters college until he has finished his residency training in psychiatry. By contrast, the doctorate of philosophy in clinical psychology requires 8 years in training which equips an individual reasonably well to carry on his work.

The point is sometimes made that much of the medical training of the psychiatrist is not necessary for the work that he performs. This question is not so much a specific problem to psychiatry as it is to the reorganization of medical education. The ophthalmologist has no greater need to know the details of the articular facets of the carpal bones than does the psychiatrist. There is no question, however, that the great majority of psychiatrists

believe a full medical background is essential to their job of diagnosis and treatment. This question is theoretical since the realistic fact is that currently the full four years of general medical training is the accepted and required program. Were there to evolve a shorter course for the psychiatrist without a general reorganization of all medical education, the medical profession would be even less likely to accept psychiatry than is now the case.

With this background, it may be helpful to discuss, quite frankly and freely, some of the details in the relationship between psychiatry and clinical psychology in the four major areas of their work, namely, training, diagnosis, therapy and research.

#### TRAINING

The average psychiatrist has had little opportunity to become acquainted with the courses in the curriculum or the training plan in clinical psychology. Probably the average clinical psychologist knows as little about the curriculum and training of the psychiatrist. This ignorance of each group regarding the training of the other is in itself a source of some misunderstanding. Because the psychiatrist-physician grows up in a clinical atmosphere through his last two years in medical school and his year or two of internship, it is understandable that some should feel that the psychologist needs more than a year of experience with emotionally ill people in order to be a clinician. One may hope that the training of the clinical psychologist will become more therapeutically permeated and that the latter part of the program will include more clinical experience.

It is significant that a considerable number of the leaders in the educational program of clinical psychology have come directly to this meeting from a conference concerned with this all important problem of training. Many of us will be deeply interested in their thinking and conclusions. Several times I have expressed myself strongly to the effect that if we are to develop team work, it can be done effectively only if the training of both the psychiatrist and the clinical psychologist can take place in parallel situations. It has always seemed an elementary requisite to me that the post-doctoral training of the physician in psychiatry and a considerable portion of the doctoral training of the clinical psychologist should be given in the same setting. Bringing the members of the team

together in this, their training period, would provide an opportunity to learn to work together.

Such a program of joint training would reinforce the current trend for psychiatrists to be involved in the training of clinical psychologists, and in turn for clinical psychologists to be involved in the training of psychiatrists. Such a plan does not imply equal responsibilities in the training but it does give an early introduction to the members of both groups to the other discipline. It introduces the association between the two groups at a student level with both in the background of a clinical setting.

#### DIAGNOSIS

Clinical psychology has made its major contribution to the practice of clinical psychiatry in the development and application of various personality tests. Their contribution has become essential to the best practice of psychiatry. Not all psychiatrists currently hold this opinion with me, although I believe that the majority do.

There are some areas of relationship in this diagnostic work that need further clarification and also a wider appreciation on the part of both psychiatrists and clinical psychologists. Clinical psychology is as yet so young that it still has the job of mapping out its domain in relation to pre-existing professions. One must keep in mind that the average medical student who took some course in psychology in his pre-medical training in a university has little understanding and perhaps even misconceptions about clinical psychology. As the report of the Harvard Commission indicated (8), anyone who regards "psychology in 1947 as the subject they studied in 1910 or 1915 or 1925 will seriously misunderstand most of this report." Furthermore, it is a common opinion among psychiatrists that to date the undergraduate studies in psychology have helped little or not at all in their preparation for medical practice. As a consequence, most psychiatrists who have not had the privilege of working with the clinical psychologist have little conception of what he can contribute through diagnostic testing.

Some psychiatrists who are aware of the trend of clinical psychologists to enter the field of therapy ask the question: "If treatment does become the chief interest, who will do the psychological testing?" Such psychiatrists are not familiar with the opinion stated by Dr. David Shakow that most

clinical psychologists do not regard therapy as their outstanding function (24, 25). The fact remains that some psychiatrists still express this concern.

A major obstacle to many psychiatrists in accurately evaluating the potential contribution of the clinical psychologist is the fact that most psychiatric institutions are greatly undermanned in their psychological staff. It is not infrequent that an institution with 15 or 20 psychiatrists has only one clinical psychologist. It should be obvious that under such circumstances the psychiatrist cannot possibly have any adequate knowledge of the potential contribution of the clinical psychologist.

Another factor that interferes with the best working relationships is due in part to ignorance and in part to tradition. I refer to the fact that the psychiatrist often has no first hand knowledge of the battery of tests available and utilized by the competent psychologist. This subject matter is never covered in medical school and as a consequence the average psychiatrist with minimal contact with clinical psychology thinks only in terms of intelligence tests or perhaps the Rorschach Test. In the physician's training, he is taught to assume full responsibility for making a diagnosis of his patient's illness. In doing so, he often requests help from other associates, such as the clinical pathologist or the roentgenologist. In both instances, however, his medical training has taught him to request the specific tests that he wishes made. Every clinician knows that no laboratory procedure or psychological test can replace clinical evaluation or experience. As a consequence some psychiatrists assume that it should be their responsibility to request a particular test of the clinical psychologist, failing to recognize that their own lack of knowledge in this field makes it impossible for them to request the best help from the clinical psychologist. There is good reason to assume that even if the psychiatrist were better acquainted with the tests, the clinical psychologist by virtue of his training and experience with tests, plus a knowledge of the social and clinical history gained through team work, would be in the best position to select the tests.

As to the other side of this question: too often the clinical psychologist carries out his psychological tests almost in a vacuum as regards the rest of the team of which he is a member. From the early years of diagnostic testing at the Menninger Clinic until recently, psychological test studies were con-

ceived and carried out as an autonomous procedure, concurrent with but independent from the clinical examination. Patients were referred routinely for a battery of psychological tests without knowledge on the part of the psychologist of the patient's problems other than a brief statement of the presenting symptoms. The test report then gave an "objectively" derived personality description, characterologic and psychiatric syndrome diagnosis.

The patient was usually tested by two or three psychologists, each giving one or more tests of the battery. Not infrequently it happened that the psychologist who ultimately analyzed the test results and wrote the report was one who had not tested that patient at all nor even seen him. Diagnostic testing and reporting were kept so strictly a "blind" procedure, that should a referring psychiatrist have mentioned an interesting facet of the clinical picture or tried to discuss his impressions of the patient before the test report had been written, the psychologist raised a forbidding finger. He preferred not to be "contaminated" by foreknowledge of the clinical material when writing his test interpretations. This caution about guarding the objectivity of the test findings had its origin in requirements of the research then in progress on the clinical validation of test patterns. The independently derived test results and clinical diagnosis were brought together in a staff conference where reconciliation was sought whenever differences occurred.

Even after diagnostic test patterns had in this way been amply validated (22), the conception of the psychological test examination as a separate, objective diagnostic procedure continued to bound the psychologist's horizon of operation. Certain advantages were apparent, such as giving thoroughness to the total examination, serving as diagnostic insurance against clinical error, supporting the reliability of diagnostic findings by residents learning clinical methods, giving appraisal from another point of view, pointing up overt or subclinical pathology overlooked or insufficiently emphasized, etc.

We have since abandoned the "blind" approach, retaining it only as a teaching method in the training of new psychologists. We now have a closely coordinated "team" set-up consisting of a consultant staff psychiatrist, resident psychiatrist, clinical psychologist, and psychiatric social worker. The psychologist participates from the very beginning, sometimes even before the patient's ar-

rival, in the initial evaluation and intake process, helping to evaluate the nature of the problem and the best way to handle it. With other members of the team, he plans the course of examination, and is in touch with the progress of the patient throughout the work-up. Routine testing has given way to individual decision about the desirability of test study. The decision may be to give no tests, a full battery of tests, or certain specific tests to answer focal questions raised by the team. Under this procedure direct verbal communication is possible among all members of the team and findings may be reported informally at team planning or disposition conferences.

The method of presenting psychological data by some psychologists is a source of confusion and at times, even of irritation to the psychiatrists. Too often the psychological findings are reported in an over-technical manner and with a tone of finality. Too often there is a mechanical reporting of raw data without clear or sufficient interpretation. There are also instances in which there is an over-ambitious kind of reporting that attempts to go far beyond the evidence. All of us tend to develop a jargon, and certainly the psychiatrists have done this in such a way as to be misunderstood, and certainly to handicap themselves. This mistake, however, is shared by the clinical psychologists who have equaled their psychiatric confreres in developing semantic riddles. My impression is that the psychologist seems to understand the psychiatric jargon, but not infrequently the psychiatrist becomes mystified, perplexed and defensive in the face of the psychologist's jargon.

In concluding the remarks about the role of the clinical psychologist in diagnosis, I should like to express my opinion that clinical psychology has passed the "psychological laboratory" stage. Even twelve years ago, to have a psychological laboratory was indeed a progressive step in psychiatry. Today, the psychologist's contribution is much more than that of a laboratory report. Unlike the pathological laboratory technician, the clinical psychologist has no "tests" that give specific results in the way that vital organ and physiological functioning are measured, as for instance, by the electrocardiograph, basic metabolic rate, sedimentation rate, or blood count. Neither does the clinical psychologist report raw test data, in the manner of the technician for ultimate interpretation by the clinician. The psychologist should be a clinician

himself, since his findings have no absolute meaning in and of themselves. They attain significance only in light of the clinical interpretation of all of the findings in the patient's examination.

Today when, as a psychiatrist, I ask for a psychological test study of a patient, I do not particularly want to know the I.Q. or the Sum M. to Sum C Rorschach ratio. I expect to receive a diagnostic appraisal of a total personality, with discussion of the nature of the illness, character structure, strengths or weaknesses of ego defenses, characteristic modes of adaptation, likely course of the illness and amenability to treatment. True, that I have opinions about most, if not all, of these, myself, but I conceive of the psychologist's function as being to render an additional professional opinion which can hardly be fulfilled by merely requesting that he give some tests. This, it seems to me, is the difference between laboratory "prescription testing" and diagnostic consultation.

In too many instances, both clinical psychologists and psychiatrists, in their quest for scientific precision, seize upon tests and invest in them a certain cryptic aura of infallibility which in actuality they of course do not have. The fact is that tests simply serve as another mode of approach to the study of personality functioning and psychopathology. They are an observational and examination means of extending the clinical study. The only significant question regarding the use of tests is "What can be learned about the patient through tests that cannot be obtained by the traditional interview and mental status examination?"

It is when the cross-sectional diagnostic test method enables us to learn anew or supplement our longitudinal historical knowledge of a patient that the psychologist assumes a unique part in the diagnostic process. The day is already here when psychological tests are recognized as clinical tools, not ends, and therefore referral to the psychologist should no longer be made merely for tests, but for a special kind of examination by a colleague to whom one looks for a consultation and professional opinion.

#### TREATMENT

Of the various areas of relationship between clinical psychology and psychiatry, the psychologist's role in treatment is in greatest need of clarification. The theoretical question posed by some psychiatrists is "Should the clinical psychologist do treat-

ment?" I indicate that the question is theoretical because the fact is that many psychologists are treating patients. If he gives treatment, the questions are raised as to what type, under what circumstances, with what training?

That form of treatment referred to as *psychotherapy* is the crucial point at issue. Even this term is used loosely and most of us are familiar with the fact that the process called counseling very often becomes a form of psychotherapy. Theoretically, psychotherapy is indicated for the maladjusted or ill person; counseling is indicated for the healthy person who seeks advice about a specific problem, assumed to be minor in nature. Such a differentiation, however, becomes tenuous to many of us who think of marital problems, problems of parent-child relationships, speech handicaps, reading disabilities, educational maladjustment and many other human problems as having a very definite relationship to mental health.

Part of the misunderstanding arises from the fact that there is no sharp dividing line between intensive formal psychotherapeutic sessions with a severely neurotic patient on the one extreme and educational efforts with a child with reading difficulties on the other. Neither the average psychiatrist nor the average clinical psychologist is necessarily competent in some sub-specialist field, unless he has had special training and experience. Psychologists much more often than psychiatrists have specialized in vocational guidance, remedial reading and the other areas mentioned above. At the same time, there are many individuals who are competent in speech training or remedial reading who would not necessarily be claimed in the fold of the clinical psychologists.

A minor cause of misunderstanding illustrated by the extremes of a severe neurosis on the one hand and a reading disability on the other, is the assumption that the psychiatrist looks upon problems in human relations as disease and the psychologist looks upon them as problems of learning. I wish to affirm strongly the fact that psychiatrists are just as concerned with the subtle processes of learning as are psychologists. As was pointed out at the meeting of the committees of our two associations, the two professions must attack this joint area harmoniously.

Whether or not he practices formal psychotherapy, the clinical psychologist must be therapeutically minded. His examination in most, if

not all cases, is a kind of therapy. *Any* contact with the patient has therapeutic implications. A clinical psychologist can function effectively only insofar as he has some recognition of the operation of unconscious mechanisms, interpersonal relations and symbolic meanings in a psychological examination. Because there are so many similarities in methods and purposes, I strongly urge that all psychologists, whether they be teachers or investigators or clinicians, have an opportunity to develop a therapeutic attitude towards those with whom they work instead of one which is purely academic, didactic or experimental.

Our experience in Topeka with the clinical psychologist in the role of therapist has been very satisfactory. Several of our psychologists carry on intensive as well as brief psychotherapy, and they do so with the full confidence of our psychiatric staff. However, all of those carrying on treatment have periodic supervisory control hours with a senior psychiatrist. We are able to provide psychoanalytic training for a limited number of our staff psychologists, not for the purpose of developing them into psychoanalytic therapists but rather as a part of their total psychological training. Our members of both groups believe that our practice is in line with the progressive thinking expressed in the reports of the committees appointed by this Association and by the American Psychiatric Association to study the interrelations of psychiatry and clinical psychology.

As this audience probably knows, these committees have met separately and together. They have worked out at least a core of agreement regarding the psychologist's role in treatment, which has been reported to the official bodies of the two associations. The psychiatrists (1) expressed themselves as being opposed to the independent private practice of psychotherapy by clinical psychologists, although they do approve of their doing therapy in a medical setting. The committee from the American Psychological Association expressed the opinion (2) that all clinical psychologists engaged in diagnostic or therapeutic work "must maintain accurate, open channels for collaborative working relationships with physicians most qualified to deal with borderline problems which occur." They continue with the further statement that "We are opposed to the practice of clinical psychology (and in particular to the practice of psychotherapy) that does not meet these conditions."

To many of us in both psychiatry and clinical psychology, the working relationship of our two committees and their conclusions, which so closely parallel each other, are indeed encouraging and reassuring (23). The fact remains, however, that the committee of the American Psychiatric Association includes several psychiatrists who came into psychiatry following doctorate training in psychology. The committee of The American Psychological Association is made up chiefly of individuals who have had long and close working associations with psychiatrists. As a consequence, the findings and opinions of these committees are based on knowledge and experience that most of the members of our two professions do not have. I hope that all our membership will recognize the committee members as our leaders in this field and that those of us with any degree of influence in our respective professions will assume the responsibility for aiding these committees to present, explain and implement their conclusions.

If accepted, their recommendations will do much to clear a misunderstanding currently existing. As with most progressive steps, however, there is considerable emotional resistance to their acceptance. Resistance, by technical definitions, is a method by which one avoids recognizing his unconscious motivation. It is a method of protecting the conscious ego from admitting unconscious and therefore irrational wishes. The resistances of a segment of the membership of each of our groups to an acceptance of the opinions of the other is worthy of a brief discussion.

What motivates a clinical psychologist to wish to be a psychotherapist? We do have the report that "the chief interest of a substantial proportion of the younger psychologists is to treat rather than to test or teach or investigate" (4). Although we have no accurate figures, undoubtedly a considerable number of clinical psychologists are doing psychotherapy, even though this may not be the chief interest of the majority. Whether it is true or not, psychiatrists have the impression that an increasing number of clinical psychologists are becoming interested in this particular field of work. On the surface, the function of practicing psychotherapy is in sharp contrast with many features in the training of the clinical psychologist: precise quantitative measurement, correlation of concrete data, standardization of norms, statistical analysis of findings and other aspects of his work. Many of

the younger psychologists apparently become interested in therapy before they have had their work in a clinic or hospital. Once having become associated with the field of clinical medicine, the psychologist becomes more cognizant that the basic purpose in relation to patients is curative rather than merely diagnostic. Therefore, it is understandable that upon seeing this new objective not provided for in his previous training, a new vista is opened that seems more attractive than merely collecting and studying data. Furthermore, his close contact with a physician leads to an identification with the physician. Some psychiatrists question whether these motives are justifiable in light of the current training program of the clinical psychologist.

The basic problem now confronting clinical psychology if it wishes to train psychotherapists is concerned with the curriculum of training. Even the best of the doctoral training programs provide only one full year of clinical work—in the medical sense.<sup>3</sup> Even though the committee on training in clinical psychology recommends that all four graduate years should provide contact with clinical material, this is not possible of fulfillment in the academic setting. Neither does the present curriculum provide any systematic training for psychotherapy in the sense of a psychiatric orientation.

Advisory counseling given by clergymen, teachers, lawyers, nurses, parents and others to their constituency is not psychotherapy. Psychotherapy, a formalized method to alleviate illness or maladjustment, requires an extensive training. It is not practical to try to separate maladjustment into major or minor types upon the assumption that the psychiatrist might provide the psychotherapy for the major illnesses and the psychologist for the minor illnesses (10). Regardless of his membership in one profession or the other, if the chief function of the individual is to provide psychotherapy then he needs special training for this function.

Special training is not the only requirement for the psychotherapist who would provide competent

<sup>3</sup> The special Committee on Training in Clinical Psychology of this Association strongly recommended that "through all four years of graduate work the student should have contact, both direct and indirect, with clinical material" (3). In the medical sense of the word, "clinical" experience is not possible in the academic setting, unless it takes place in a university center in which the medical, and specifically psychiatric, training is simultaneously available.

treatment of a patient by psychotherapeutic means. Summarized by Knight (12), these requirements include:

1. That he be thoroughly grounded in the basic science of dynamic psychology.
2. That he be well trained in clinical methods of evaluating the individual patient, not only in terms of general comparison with others presenting similar clinical pictures, but also in terms of the uniquely individual forces and factors in each individual patient.
3. That he then utilize, from among the available psychotherapeutic approaches and techniques, those particular ones which, according to his best clinical judgment, are most appropriate in a given case.
4. A fourth prerequisite does not follow logically from the previous argument, but is of an importance at least equal to the other three, that the psychotherapist be a person of integrity, objectivity, and sincere interest in people and that he be relatively free from personal conflicts, anxieties, biases, emotional blind spots, rigidities of manner, and settled convictions as to how people should properly behave.

From our experience in psychiatry, we have learned that many physicians who can do excellent clinical diagnostic work are not adept at prolonged or intensive psychotherapy. The probabilities are that in most instances the present educational curriculum in clinical psychology does not provide sufficient controlled experience to indicate clearly to an individual his own capabilities or limitations to carry on psychotherapy. Therefore, when the doctor of philosophy in clinical psychology upon graduation sets himself up in private practice because of his interest in therapy, he has not had the experience or training which would permit him to recognize his own limitations. Nevertheless, many individuals do just this and for legal reasons call their attempted psychotherapy "counseling." Fortunately, the leaders in both of our professions fully disapprove of this practice. Unfortunately, a considerable number of individuals who classify themselves as clinical psychologists maintain a resistance towards the acceptance of this opinion.

The resistance of the psychiatrist towards accepting the clinical psychologist as a therapist has many aspects. One rarely hears of any objection

to the fact that the clinical psychologist is *the* competent person to handle various areas that are borderline to health such as speech training, remedial reading, educational counseling and personnel counseling. By training and experience, physicians are brought much closer to the vital aspects of health—birth, disease and death. As Jelliffe (11) said many years ago, "The physician, viewed as a functional unit in society, represents to the individuals in that society, that portion of themselves given over to the protection of their bodies from the forces of disease. . . . The patient's relation to the physician in the treatment . . . is a much more fundamental and human affair than most physicians realize . . . the physician is, from the unconscious point of view, constantly involved as a symbol to afford that sense of security which in the unconscious is to exclude the fear of death—physical, financial, or social."

The physician senses this even if he cannot or does not verbalize it. His near-consecrated attitude is set forth in traditional codes of ethics, not only expressed in the Hippocratic Oath, but in a hundred ways, written and unwritten, that govern the manner in which he should relate himself to and conduct himself with his patients, his confreres and with the public. From the beginning, the medical profession assumed the major responsibility for community problems of health and disease. True it is, that until comparatively recently health and disease were viewed only in physical terms. Even so, those individuals with incapacity recognized as frank mental illness were consigned to the physician's care.

In assuming this responsibility for the problems of health and disease, the medical profession has fought and will continue to fight against quacks and imposters, exploiters and misguided do-gooders. It will continue to contest the unscientific claims of the health meddling fringe of chiropractors and neuropaths and many other cultists. It has taken a firm and determined stand against those who would capitalize on the credulity of people, whether this be through religious healing or cancer cures. There is little doubt that any audience could be more aware than this one of the fact that patients in mental ill health are currently subject to more opportunities for quackery than any other specialized field of medicine.

In this medical scene, psychiatry is a part. Psychiatrists proudly and rightfully proclaim that they

were and are physicians before they became specialists. With this historical background it is more understandable why some psychiatrists are reluctant to accept a non-medical man assuming responsibility for treatment. There is some resistance to doing so even when such individuals are directly associated with physicians in practice. This attitude may be more pronounced in America than in European countries. For example, the American Psychoanalytic Association accepts for membership only those individuals who have the degree of Doctor of Medicine, despite the expressed attitude of Freud (5) approving of lay analysts or the custom of the European psychoanalytic societies to accept lay analysts.

It is one's personal privilege to agree or disagree with Freud's opinion. It is obvious that the American Psychoanalytic group does not accept it and feels that although Freud stated that medical knowledge or medical intervention is necessary in cases showing physical symptoms, he brushed aside the fact that many psychological symptoms have their origin in physical or chemical changes and that psychological conflicts often are expressed in physical symptoms. Furthermore, in many, many instances the differentiation of the origin of such symptoms is extremely difficult. Such a differentiation is not a prerequisite to treating many emotionally distraught people but this is no argument for discarding such safeguards entirely. Not being an organically minded psychiatrist, I am convinced that many personality disorders do not have a chemical or physical etiology. On the other hand, the causative factor in most psychological illnesses is still unknown. One must remain open minded and in light of medical history anticipate that extremely important findings bearing on etiology may be forthcoming from the pathologist, the chemist and the physiologist. The probabilities are that the physician will never accept any nonmedical individual who attempts to provide treatment for sick people without the safeguards provided through scientific medical knowledge.

Another doubt of some psychiatrists concerning the therapeutic activities of a psychologist is the unhappy potentialities that may arise from the association of the clinical psychologist with physicians other than the psychiatrist.<sup>4</sup> This is not entirely

<sup>4</sup> In their report of 1949, the Committee on the Relation of Psychology and Psychiatry of the American Psychological Association is particular not to specify "psychiatrists"

a "dog-in-the-manger" attitude. They know only too well that many physicians, as well as laymen, simply do not have sufficient knowledge to distinguish between a psychiatrist and a psychologist. In any relationship with a physician who makes no such distinction, the psychologist is almost surely to be tempted to overstep his limitations.

Surely this audience is aware of the fact that medical education has long ignored or dealt inadequately with training in psychiatry. Even at this present date some of our medical schools still provide only a meager 30 hours of instruction in psychiatry in the entire four year curriculum. A fair percentage of the present generation of physicians who graduated ten years or more ago have very little knowledge of psychiatry and many still think of it only in terms of psychoses. The fear of the psychiatrist is therefore that such a physician would misuse the clinical psychologist or at least place the latter in the embarrassing position of being expected to apply skills which he does not possess. Where the psychologist's role, both by assignment and practice, is one of personality testing, such fears are unwarranted. In fact, many of us in psychiatry take pride in the wider acceptance and utilization of the clinical psychologist in the general field of medicine.

The improvement in difficult interrelationships between psychiatry and clinical psychology must depend on numerous factors. It will depend on the acceptance of the fact by clinical psychologists that certain kinds of painstakingly gathered clinical knowledge, usually referred to as "dynamic psychiatry," are prerequisites to carrying on psychotherapy. The eventual solution will also depend upon the establishment of improved training methods in clinical psychology, and upon the recognition that training in psychotherapy is a tedious, slow and primarily post-doctoral experience. Those who venture in this direction will also have to accept the fact that in the current scene, and for some time to come psychiatrists will have to be their chief teachers. I suspect the situation will have to evolve to a point where the psychologist can accept the psychiatrist as the quarterback of a team that works together, in which neither individual need be concerned with threats from the

other. We must reach a stage in our evolution when the bugaboos of status, jurisdiction, equality and subordination become dead issues.

#### RESEARCH

The fourth general area in which psychiatry and clinical psychology are related is research. Historically, it is here that clinical psychology has made its greatest contribution to psychiatry. Furthermore, the training of the clinical psychologist provides an introduction into investigative techniques and the experimental method while the great majority of psychiatrists have had no such opportunity. Sometimes it is assumed that because of this training, all clinical psychologists should carry out some research project as a part of their regular work. From my limited point of view, this always seemed fallacious since I cannot accept the premise that all individuals who have clinical abilities would necessarily have the rarer abilities of a productive research worker. On the other hand, it is extremely important that all individuals—psychologists and psychiatrists—who have the interest in and ability to do research should be afforded the opportunity to engage in it.

The great interest and activity in research on the part of the psychologist, coming as he does from the academic background, is the source of some misunderstanding and sometimes ill feeling on the part of the psychiatrist. Regardless of whether they have the capacity for research, many physicians would idealistically like to carry on research projects, and many do. With the current demand for psychiatric service, however, it is the rare psychiatrist who has any consistent allotment of time to devote to research. For the physician in private practice (and 60 per cent of psychiatrists are now in that category), to spare time for non-income producing effort is a deterrent. Therefore, he is inclined to project his own frustration as criticism of the psychologist for the luxurious opportunity that tradition has decreed a fair percentage of time spent in research. My own opinion is that this is understandable but unreasonable and can be altered only by the clearer understanding of the point of view of both groups which is so necessary when they are working together.

As a result of their training, the clinical psychologists are well oriented in various types of research work but their training places an emphasis on basic research. Some of them are inclined

since many clinical psychologists are engaged in collaborative work with other medical specialists. They do recognize the necessity for a specific definition of "collaborative working relationship with physicians."

to develop undue skepticism regarding knowledge gained from clinical sources. This in turn is related to the attitudes of some psychologists, approaching condescension and belittlement, towards psychiatric knowledge and theory. Anyone who accepts what we now generally refer to as dynamic psychiatry recognizes that there are many weaknesses in the theory and shortcomings in our knowledge. On the other hand, our body of knowledge has been gained from long experience and at least it is not so removed from human reality as are many of the products of the experimental laboratory. The clinicians cannot solve all the problems or answer all the questions through their own efforts on the wards. The researchers are equally incorrect if they assume that they can find the answer to all the problems in the experimental laboratory. The answer to this skepticism is the necessary acceptance of not only a dual approach but with the domain so vast and complex, we cannot afford to neglect any approach.

Since research methods are an important aspect of the training of the clinical psychologist, many of us hope that great advances of knowledge in the field of psychopathology will be forthcoming from this group. There can be no argument that we are sorely lacking in "tested knowledge" regarding mental health and ill health. The statement from the Committee on Psychology of the Group for Advancement of Psychiatry pointed out several fruitful areas for both collaborative and independent research, including diagnostic devices, personality structure, delineation of syndromes, physiological relationships and therapy. To carry on such research, it is essential that the clinical psychologist have training in psychodynamics and therapy. A joint problem of all of us concerned with research in mental ill health is our lack of personnel and financial assistance. The National Mental Health Act has, through the United States Public Health Service, provided a beginning in the problem of finance, but it is still a drop in the bucket compared to the need.

A minor criticism of current research applies to both psychology and psychiatry. So much effort of both is concerned with the pathological when the need is so great for the techniques of prevention. Using all of our clinical resources at the present time we fall far short of meeting the needs for diagnosis and treatment in the field of mental ill health. Even if our personnel were doubled,

there is good reason to doubt that we could provide treatment for all those who requested it. The great majority of psychiatrists and clinical psychologists are currently devoting their full time to these fields with the result that minimal consideration is given to the epidemiology of mental ill health and to potential methods for its prevention. Before much progress can be made, extensive research must be carried out.

The profession of psychology, so largely centered in our colleges and universities, could perform an enormously valuable service to the mental health of our nation. The great majority of college students are exposed to one or more courses in psychology. Were these exposures tempered by a teacher with a therapeutic rather than academic attitude, they could provide an incalculable benefit in presenting psychology as a very important tool for the individual to use in living and getting along with people. This would require a method of providing students with opportunities for active learning rather than purely passive formal study. Such courses would emphasize the motivation of behavior rather than the traditional content. The psychologists—most of whom are members of this Association—should certainly be the ones to experiment in their own courses with techniques for making college education truly meaningful for more effective living.

#### SUMMARY

Within the present generation, psychiatry and clinical psychology have developed a surprisingly well integrated union. Many of us in both of these professions are convinced that each makes an indispensable contribution to the body of knowledge of the other. It is surprising that such a close and harmonious working relationship could have developed so rapidly. We must agree, however, that we still have much to learn from and about each other. It will mean some modifications in our practice, some changes in our attitudes and a broadening of our mutual experience. To accomplish these, the virtue that we shall need most of all is patience.

#### REFERENCES

1. American Psychiatric Association. Report of the Committee on Clinical Psychology. 1949.
2. American Psychological Association. Report of the Committee on the Relation of Psychology to Psychiatry. 1949.

3. American Psychological Association. Committee on Training in Clinical Psychology. Recommended graduate training program in clinical psychology. *Amer. Psychologist*, 1947, 2, 539-558.
4. BENTON, A. Round table on the psychologist in the clinic setting. *Amer. J. Orthopsychiat.*, 1948, 18, 507-511.
5. FREUD, S. Concluding remarks on the question of lay analysis. *Int. J. Psych-Anal.*, 1927, 8, 392-398.
6. GREGG, A. A critique of psychiatry. *Amer. J. Psychiat.*, 1944, 101, 285-291.
7. GREGG, A. The profession of psychology as seen by a doctor of medicine. *Amer. Psychologist*, 1948, 3, 397-401.
8. GREGG, A., et al. *The place of psychology in an ideal university*. Cambridge: Harvard Univ. Press, 1947.
9. Group for the Advancement of Psychiatry. Committee on Clinical Psychology. *Relation of clinical psychology to psychiatry*. Report No. 10, 1949.
10. HUSTON, P. E. An orientation for clinical psychology. *J. consult. Psychol.*, 1948, 12, 221-227.
11. JELLIFFE, S. E. The technique of psychoanalysis. *J. nerv. and ment. Dis.*, 1920, *Monog. No. 26*, 72-73.
12. KNIGHT, R. P. A critique of the present status of psychotherapies. *Bull. N. Y. Acad. Med.*, 1949, 25, 100-114.
13. LOUITT, C. M. The nature of clinical psychology. *Psychol. Bull.*, 1939, 36, 361-389.
14. MENNINGER, K. A. Psychiatry and psychology. *Amer. Psychologist*, 1947, 2, 139-140.
15. MENNINGER, K. A. Psychiatry and psychology. *Bull. Menninger Clin.*, 1947, 11, 45-49.
16. MENNINGER, W. C. Psychiatry and psychology. *Amer. J. Psychiat.*, 1948, 105, 389-390.
17. MENNINGER, W. C. *Psychiatry in a troubled world*. New York: Macmillan Co., 1948.
18. MENNINGER, W. C. *Psychiatry: its evolution and present status*. Ithaca: Cornell Univ. Press, 1948.
19. MITCHELL, S. W. Address before Fiftieth Annual Meeting, American Psychiatric Association. *J. nerv. ment. Dis.*, 1894, 21, 413.
20. MOORE, T. V. *One hundred years of American psychiatry*. New York: Columbia Univ. Press, 1944.
21. RAPAPORT, D. Round table on the psychologist in the clinic setting. *Amer. J. Orthopsychiat.*, 1948, 18, 493-497.
22. RAPAPORT, D., GILL, M., AND SCHAFER, R. *Diagnostic psychological testing*. Chicago: The Yearbook Publishers, 1946.
23. SHAFFER, L. F. Clinical psychology and psychiatry. *J. consult. Psychol.*, 1947, 9, 5-11.
24. SHAKOW, D. A dialogue, Part I. *Amer. J. Orthopsychiat.*, 1949, 19, 191-208.
25. SHAKOW, D. A dialogue, Part II. *Amer. J. Orthopsychiat.*, 1949, 19, 381-396.

Received September 14, 1949

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 Hudesman, Claire M.  
 Hughes, Halcyon  
 Humiston, Thomas F.  
 Humphrey, Elizabeth M.  
 Humphrey, Jeanne L.  
 Huntsman, Carmen  
 Hurley, Nelle R.  
 Hymovitch, Bernard  
 Inskip, Wilma M.  
 Isaacs, Kenneth S.  
 Iscoe, Ira  
 Jackson, John K.  
 Jacobs, Ursula W.  
 Jaffe, Naomi  
 Jager, Harry A.  
 James, Mary-Lois R.  
 Hibbard  
 Jellinek, Augusta  
 Jenkins, James J.  
 Johnson, Harry W., II  
 Johnson, Marion E.  
 Johnston, Joseph J.  
 Jones, Edward R.  
 Jones, Gwladys  
 Jones, Omer R.  
 Jourard, Sidney M.  
 Judson, Abe James  
 Kagan, Henry E.  
 Kane, Paul  
 Kaplan, Robert  
 Karlin, Jules  
 Katz, Irwin N.  
 Katz, Joseph  
 Kaufmann, Elvira F.  
 Kaufmann, Peter  
 Kelso, Duane F.  
 Kenney, Raymond C.  
 Kenshalo, Daniel R.  
 Kerner, Oliver J. B.  
 Kidder, Nathaniel R.  
 Kight, Stanford S.  
 King, Samuel H.  
 Klein, Jerome  
 Klippel, Bernhardt W., Jr.  
 Klopfer, F. Dudley  
 Klumb, Shirley C.  
 Koile, Earl A.  
 Korda, Geraldine Mary  
 Kotula, Leo J.  
 Kram, Charles  
 Kramer, Bernard M.  
 Kraus, Anthony R.  
 Kraus, Jane Mary  
 Kuntz, James E.  
 Kunze, Shirley  
 Kurland, Shabse H.  
 Lamers, Gordon W.  
 Lancaster, Winifred H.  
 Laney, Arthur R., Jr.  
 Langston, Daniel W.  
 Lanier, J. Armand  
 Largent, Marjorie  
 La Rosa, Louis  
 Laue, Anna M.  
 Lawrence, Helen  
 Lazarsfeld, Sofie  
 Leary, Robert W.  
 Lee, Raymond C., Jr.  
 Leef, Charles Newton  
 Leibman, Oscar Bernard  
 Leiden, Irving  
 Leland, Earl M.  
 Leslie, Raymond James  
 Lesser, Irwin J.  
 Levenfeld, Bernice  
 Levitt, Leon  
 Lewis, Benjamin G.  
 Lewis, Sybille Berwanger  
 Lightfoot, Georgia  
 Lindner, Harold  
 Lockwell, William V.  
 London, Ivan D.  
 Long, Barbara Ellis  
 Long, Eugene Robert  
 Loving, Robert H.  
 Lowe, Warner L.  
 Lozito, Carl C.  
 Lussier, Andre  
 Lustman, Seymour L.  
 Lutey, Carol L.  
 Mackie, Robert R.  
 MacLeod, Shelton  
 Mahler, Irwin  
 Mahoney, Neva Madeline  
 Mallinger, Betty R.  
 Mann, Clarence E.  
 Marsh, Carolyn O'Neal  
 Matheny, William G.  
 Matt, Beulah F.  
 Matteson, Ross W.  
 Mayfield, Clifton E.  
 Mays, Luzelle Denton  
 McAllister, Robert J.  
 McBride, George L.  
 McCraven, Vivian G.  
 McCullough, Milton W.  
 McCully, Robert S.  
 McDonald, Franklin R.  
 McFarland, Robert L.  
 McFate, Marguerite Q.  
 McGill, William J.  
 McGrael, Lawrence J.  
 McGurk, Frank C. J.  
 McIntosh, Margery P.  
 McIntosh, Vergil M.  
 McKenna, Frank S.  
 McKinnis, Ruth  
 McLennand, William J.  
 McMichael, Allen E.  
 Mehlmann, Benjamin  
 Meister, David  
 Menaker, Leon  
 Menius, Leonard C.  
 Meyers, Ernest  
 Miller, Elsa A.  
 Miller, Ernest C.  
 Miller, Harry E.  
 Minnich, Sarah Ely  
 Mitchell, Charles G.  
 Mitchell, Francis H.  
 Mohair, Mary E. S.  
 Mook, John R.  
 Morey, James L.  
 Morris, John Baird  
 Mouly, George J.  
 Mowbray, Jay B.  
 Murdock, Bernard C.  
 Murray, Marguerite E.  
 Murray, Stewart  
 Myers, James H.  
 Myers, John Arthur, Jr.  
 Nagay, John A.  
 Narciso, John C., Jr.  
 Neidt, Charles O.  
 Nelson, Elmer K., Jr.  
 Nelson, Frederick E.  
 Nelson, Janet Fowler  
 Nelson, Leon S.  
 New, Elizabeth V.  
 Newman, Slater E.  
 Nicoll, Marjy  
 Nicholas, Alma L.  
 Noble, Clyde E.  
 Noller, Theresa J.  
 Norris, Eugenia  
 Norris, Willa  
 O'Brien, Margaret W.

- O'Brien, Thomas F.  
 O'Connor, Leslie Lee  
 Oetzel, James L.  
 Olson, Gordon E.  
 Olson, Howard C.  
 Olson, Justus E.  
 Orange, Arthur J.  
 O'Rourke, John R.  
 Page, Ruth  
 Paine, Harold E.  
 Palmer, Francis H.  
 Parker, Lloyd  
 Parkinson, James T., Jr.  
 Parks, Robert B.  
 Parrott, Muriel W.  
 Paskowsky, Walter G.  
 Patton, Wendell M., Jr.  
 Pearl, David  
 Pearson, David B.  
 Pederson, Evelyn May  
 Peebles, Clarence M.  
 Pellettieri, A. J.  
 Pemberton, William H.  
 Pescatore, Albert V.  
 Phelps, C. Kermit  
 Phelps, Harold R.  
 Phelps, William Neal  
 Phillips, Jane A.  
 Philpott, Emily L.  
 Pickett, James M.  
 Pinks, Robert R.  
 Pizinger, Florence Imogene  
 Politzer, Frank  
 Politzer, Judith W.  
 Poole, Charles P.  
 Pooler, Mary H.  
 Powers, Joanne E.  
 Prabu, Pandhari-Nath  
 Pratt, Carolyn  
 Pratt, Joseph G.  
 Pred, Gordon D.  
 Pribram, Karl H.  
 Pulos, William L.  
 Purcell, Joan  
 Purcell, Theodore V.  
 Purchard, Dora  
 Quaranta, John V.  
 Rabb, Joseph  
 Raifman, Irving  
 Raim, Joan  
 Rashkis, Shirley R.  
 Rasmussen, Dorothy E.  
 Rasmussen, John E.  
 Rauch, Stephen S.  
 Reddell, Ferdie D.  
 Redfield, Raymond B.  
 Reed, S. Luther  
 Remez, Stanley M.  
 Resnick, Joseph  
 Rhoades, Paul D.  
 Richards, Walter J.  
 Ridley, Walter N.  
 Rigby, W. K.  
 Riley, Donald Alan  
 Riopelle, Arthur J.  
 Roberts, Amos D.  
 Robinson, Clare A.  
 Robinson, Margie C.  
 Roca, Pablo  
 Roemmich, Herman  
 Rogers, Kenneth  
 Rogge, Genevieve O.  
 Roseman, Morris  
 Rosen, Leonard  
 Rosenberg, Milton J.  
 Rothen, Genevieve M.  
 Royce, James E.  
 Rubin, Harold  
 Russell, Irene M.  
 Ryan, Helen M.  
 Ryan, John F. X.  
 Saddler, Laurence E.  
 Saldanha, Estelita L.  
 Sampson, Sarah I.  
 Sanchez-Hidalgo, Efrain S.  
 Sanders, Joseph F.  
 Saul, Ezra Victor  
 Saunders, Hardis H.  
 Saunders, William W.  
 Scarborough, B. B.  
 Schaffer, Robert Henry  
 Schapiro, Harold B.  
 Scherer, Charles L.  
 Schillinger, Ruth  
 Schlesinger, Herbert J.  
 Schlicher, Raymond J.  
 Schneider, Shirley S.  
 Schneider, Stan F.  
 Schorr, Clarence A.  
 Schrier, Harvey  
 Schutz, William Carl  
 Scott, Adelin White  
 Scott, Harley A., Jr.  
 Seitzman, Daniel  
 Seubert, Frederick C.  
 Severin, Daryl Glenn  
 Shane, S. Gerald  
 Sheehan, Joseph G.  
 Sheldon, Muriel I.  
 Shorr, Joseph E.  
 Shostrom, Everett L.  
 Siegal, Richard S.  
 Siegel, Edward L.  
 Siegel, Saul M.  
 Sinha, A. K. P.  
 Skiff, Stanley  
 Slomowitz, Martin  
 Smith, Dorothea M.  
 Smith, Frank Loren  
 Smith, Olin Whitney  
 Smith, Robert G., Jr.  
 Smolinsky, Harold J.  
 Solem, Allen R.  
 Sorsby, Felman B.  
 Sorsby, Patricia Bergman  
 Spaner, Fred E.  
 Sparks, Vernon W.  
 Spaulding, Patricia J.  
 Spearman, Donald  
 Sperry, Margaret  
 Spitzer, Paul S.  
 Sprott, James T.  
 Sprunger, Meredith J.  
 Stein, Kenneth B.  
 Stenger, Charles A.  
 Stern, George G.  
 Stewart, Lawrence H.  
 Stoughton, Robert W.  
 Stout, Marjory  
 Stroud, John M.  
 Sutton, Mary Lyon  
 Swanson, Donovan A.  
 Swanson, Guy E.  
 Swenson, Robert E.  
 Swisher, Donald E.  
 Sylvest, Murphy J.  
 Sylvester, Emmy  
 Szyrnski, Victor  
 Talcott, Douglas R.  
 Tannenbaum, Arnold S.  
 Taylor, Harry A., Jr.  
 Taylor, James W.  
 Taylor, Walter R.  
 Teel, Kenneth S.  
 Tew, Gertrude E.  
 Thoma, Elizabeth  
 Thomas, Harvey M.  
 Thomas, Leon L.  
 Thomas, Muriel L.  
 Thomas, Richard G.  
 Tikuisis, Vincent  
 Tobey, Florence E.  
 Troxel, Leetha L.  
 Trump, James B.  
 Trussell, Margaret Brown  
 Umberger, John P.  
 Volkin, Betsy Mark  
 Wade, Bailey M.  
 Wagner, Eleanor H.  
 Wahlgren, Hardy L.  
 Wallace, Vernon A.  
 Walters, James  
 Warner, Ethel B.  
 Webster, Alvin Stanley  
 Webster, John C.  
 Weiner, Beatrice M.  
 Weiner, Bluma B.  
 Weiner, Milton G.  
 Weissenberg, Lila  
 Wernert, Claire  
 Westeen, John E.  
 Wharton, Charles M.  
 Whitaker, Mary Dorothy  
 White, Delilah  
 Whitehouse, Elizabeth R.  
 Wilds, J. Carlton  
 Williams, Claire T.  
 Williams, David C.  
 Williams, Donald H.  
 Wilson, Robert C.  
 Wilson, Robert R.  
 Wiltshire, Helen  
 Winchester, Tom H.  
 Winder, Alvin Eliot  
 Wingo, Jane H.  
 Wisham, Wayne  
 Wissel, Joseph W.  
 Witherspoon, Ralph L.  
 Wolbers, Harry L., Jr.  
 Wolfenstein, Maxine T.  
 Wolfson, Rose  
 Woolf, Glenn M.  
 Wright, Howard E.  
 Wright, Mary J.  
 Wulfeck, Joseph W.  
 Wytmar, Richard J.  
 Yavner, Phyllis L.  
 Young, Katharine Druse  
 Young, Marion Louise  
 Yucker, Harold E.  
 Zaccaria, Lucy  
 Zeigler, Martin L.  
 Zelen, Seymour L.  
 Zemlick, Maurice J.  
 Ziskin, Hadassah P.  
 Zomber, Eve M.  
 Zuckerman, John V.



CARROLL C. PRATT

*Chairman of the Department of Psychology, Princeton University*  
Editor of the Psychological Review

## Across the Secretary's Desk

### PENDING BILLS OF INTEREST TO PSYCHOLOGISTS

When Congress adjourned on October 19, a number of bills of interest to psychologists were still waiting final action some place in the Senate or House of Representatives. Now that Congress has reconvened for the 1950 session, all bills held over from 1949 are again due for consideration. Three important ones are described below.

S. 247 and H.R. 4846—the National Science Foundation Act—would establish a National Science Foundation with authority to grant undergraduate and graduate fellowships and scholarships and to support research contracts in the fields of science. Emphasis would be on fundamental rather than applied research. Neither bill requires the Foundation to support work in the social sciences but both would allow it. Appropriations for the Foundation are expected to be in the 15- to 25-million-dollar range for the first few years. S. 247 passed the Senate. H.R. 4846 was approved by the House Committee on Interstate and Foreign Commerce, but was blocked by the House Rules Committee, on grounds of economy.

A new bill providing for a general program of federal scholarships is likely to be introduced soon. One result may be an effort to remove the scholarship provisions from the Science Foundation Act. That would be desirable if the general scholarship program is actually enacted. If passage of that bill seems unlikely, the scholarship provisions of H.R. 4846 should be retained. Current information will be available in *Science*.

S. 904—the National Child Research Act—would provide \$7,500,000 for federally-supported research on such problems of child development as parent-child relationships, factors in the development of normal personality, and juvenile delinquency. Hearings were held by the Senate Labor and Public Welfare Committee, at which John W. Gardner, Alfred J. Marrow, and Robert R. Sears presented testimony, but no committee report has yet been made. The situation is likely to be complicated by the existence of another bill, S. 2352, providing both for research on child development and for maternal and child health services. S. 904 is being actively supported by the American Par-

ents Committee, 132 Third Street S.E., Washington 3, D. C. Information can be secured from them.

S. 246—the Federal Aid to Education Act—would appropriate \$300,000,000 for grants to the states to improve elementary and secondary education. The Bill passed the Senate. House action was stopped by the controversy over religious issues that arose in connection with the possible use of a portion of the funds for parochial schools. The Educational Record for July 1949 contains an able discussion of this bill by one of its sponsors, Senator Robert A. Taft.

Scientists frequently wonder what they can do to help secure the passage of legislation in which they are interested. The answer is simple. When they hear about bills in which they are interested, the first thing to do is secure copies to find out exactly what the provisions of those bills are. For any Senate bill (for example S. 904) write to the Senate Document Room, Washington 25, D. C. For a House bill (such as H.R. 4846) write to the House of Representatives Document Room, Washington 25, D. C. In any request, give the number of the bill you want. After studying a bill write the Senator or Representative from your own district to tell him what you think of it. Write also to the chairman or the members of the committee considering the bill if a committee report has not yet been made.

Congressmen depend upon their mail as a means of keeping informed on what their constituents consider desirable legislation. They sincerely appreciate thoughtful statements from private citizens about pending legislation. They are properly wary of high pressure campaigns consisting of hundreds of almost identical letters or telegrams, and frequently need support to be able to resist such pressure groups. Last year, for example, a bill authorizing the use of unclaimed dogs for research purposes was introduced. The great bulk of the mail received was from the small but extremely well organized group of anti-vivisectionists. Even the original backers of the bill had so little support from the many scientists and others who favored its passage but did nothing to show their support that the bill was killed in committee.

Congressmen welcome the views of scientists on legislation affecting science.—DAEL WOLFLE

## Psychological Notes and News

**Theodore S. Henry**, formerly head of the department of psychology of Western Michigan College, Kalamazoo, Michigan, died at the age of 71. He had been a Fellow of the Association for 29 years.

**Elizabeth T. Sullivan**, formerly psychologist with the county schools of Los Angeles, died on October 30 at the age of 75. She had been a Fellow of the Association for 27 years.

**Philip E. Vernon** has been appointed to the Chair of Educational Psychology at the University of London Institute of Education. He will continue as part-time psychological research adviser to the Defence Services and Civil Service Commission.

**Mary Collins** of the University of Edinburgh will spend the spring semester of 1950 as visiting professor in the department of psychology at Swarthmore College.

**Curt Bondy** has accepted the professorship of psychology and directorship of the Psychological Institute at the University of Hamburg, Germany, as a guest professor. The chair of psychology has been vacant since William Stern left Hamburg.

Dr. Bondy is now head of the department of psychology of the Richmond Professional Institute of the College of William and Mary.

**Dan L. Adler** has been granted a year's leave of absence from San Francisco State College beginning in February 1950. He has been appointed senior lecturer in psychology for that period at the University of Melbourne, Australia, where he will assist in setting up a Child Guidance and Research Centre.

**John Mundy**, formerly with the Capital Transit Company, Washington, D. C., is now at the Counseling Center of George Washington University as a vocational counselor.

**Carl W. Swedenburg**, formerly clinical psychologist at the Veterans Hospital, St. Cloud, Minnesota, has accepted a position as senior clinical psychologist, Preston School of Industry, Waterman, California.

**H. E. King**, formerly senior research scientist (psychology) at the New York State Psychiatric Institute, has been appointed assistant professor of psychiatry (research psychology) at the Tulane University School of Medicine.

**Kathleen M. Young**, formerly psychologist for the Children's Group, Rockland State Hospital, New York, has been appointed assistant professor of psychiatry (clinical psychology) at the Tulane University School of Medicine.

**Richard Sears**, formerly with the VA at Detroit, and **George S. Welsh**, formerly a VA trainee at the University of Minnesota, have joined the staff of the VA Mental Hygiene Clinic at San Francisco.

**Esther Milner** has been appointed assistant professor in the School of Education, Atlanta University.

**Frances A. Mullen**, formerly principal of the Graham School, has been elected director of the Bureau of Special Classes for the Chicago public schools. She will have charge of the work for the mentally handicapped and other special groups.

**Clarence W. Failor**, formerly chief of the Advisement and Guidance Section of the VA Denver Regional Office, is now acting associate professor and field representative in guidance, College of Education, University of Colorado.

**Leslie L. Martin** is now assistant director in the university personnel office of the University of Kentucky.

**Henry L. Sisk** has accepted a position as director of labor relations and personnel for Milprint, Inc., Milwaukee 1, Wisconsin.

**Howard E. Gondree**, psychologist at the New Jersey Reformatory, Annandale, has accepted appointment as a clinical psychologist at the Rochester State Hospital, Minnesota.

**Robert C. Kammerer** has resigned his position as director of the Division of Psychological Services

for the Board of Control of the State of Iowa and has accepted the position of clinical psychologist on the staff of the Orthopaedic Hospital, Los Angeles.

**William A. Reynolds**, formerly with the National Broadcasting Company, has joined the advertising agency of Batten, Barton, Durstine and Osborne, Inc. as director of the Radio and Television Research Bureau.

**George G. Stern** has accepted an appointment for 1949-50 as supervisor of research for the Board of Examinations, University of Chicago, with the rank of research associate (instructor).

**Alfred H. Hausrath, Jr.**, formerly with the Department of State, has been appointed director of the Cooperative Test Division of Educational Testing Service.

**The Duluth Branch of the University of Minnesota** has added two psychologists to the faculty this year. They are Betty Horenstein, at the rank of assistant professor of psychology, and Signe Holmstrom, at the rank of lecturer.

**The Moosehaven Research Laboratory**, Orange Park, Florida, has announced the names of two new members of the staff. **George E. Myers**, professor emeritus of education at the University of Michigan, has been appointed research associate. **Robert W. Arms**, formerly personnel technician with the Student Personnel Bureau of the University of Illinois, Navy Pier, has been appointed research assistant.

**The University of Illinois School of Medicine** announces the following appointments and changes in the division of psychology of the department of psychiatry: **Eloise Chute Pastva**, appointed at the rank of research assistant on a USPHS research grant, replacing **Gloria Ladieu Leviton**, who has resigned; **Marianne L. Simmel**, at the rank of instructor, replacing **Julian H. Pathman**, who returns to the Downey VA Hospital as chief psychologist.

**Cornell University** announces the following changes in the department of psychology: **T. A. Ryan** has been promoted from associate professor

to professor. Additions to this year's staff include **James J. Gibson**, as professor; **Patricia Cain Smith**, as assistant professor; **Julian E. Hochberg**, as faculty instructor; **Eleanor J. Gibson**, as research associate.

**The Psychological Services Center of Syracuse University** recently made several reassignments of personnel. **Raymond A. Katzell** was appointed director. He will also continue to head the Center's Industrial Service. In the Center's Mental Hygiene Service, **Ernst G. Beier** was promoted to the position of head, and **Arthur W. Combs** was named as consultant.

Heads of other divisions of the Center include **William M. Cruickshank**, Laboratory for the Handicapped; **William D. Sheldon**, Reading and Academic Methods Laboratory; **Elizabeth R. Coleman**, Testing Service; **William Tecler**, Veterans Counseling Service; and **E. Gordon Collister**, Acting Coordinator of Counseling. In addition to the above, the Center staff includes 22 professional members and assistants, and 13 clerical members.

**The Johns Hopkins University** announces several promotions and additions to its staff in psychology. **Wendell R. Garner** has been promoted to director, Psychological Laboratory, Institute for Cooperative Research; **Alphonse Chapanis** to associate professor, and **H. D. Baker** and **Robert Sleight** to assistant professors. New members of the staff are **Charles W. Eriksen**, assistant professor, and **Randall M. Hanes** and **R. A. McCleary**, instructors. Other present members of the department are: **G. W. Shaffer**, professor and Dean of Homewood Schools; **J. M. Stephens**, professor of psychology and education; **C. T. Morgan**, professor and chairman of the department of psychology; **J. W. Gebhard**, research psychologist and assistant professor; **Eliot Stellar**, **James E. Deese** and **R. S. Lazarus**, assistant professors; and **J. C. Franklin**, instructor.

**The Psychological Laboratory, Institute for Cooperative Research**, has been organized in new quarters with its own administration. It is conducting research under contract with the Office of Naval Research and with the Pittsburgh Plate Glass Company on a wide variety of basic and applied problems. Its staff consists of **W. R. Garner**, **J. W. Gebhard**, **H. D. Baker**, **Robert Sleight**, **J. C. Franklin** and **Randall M. Hanes**. **Alphonse Chapanis** and several graduate assistants also take part in its

work, and all members of the laboratory have some part in the instruction of the department.

**The Relation of Psychology to Medicine** will be the subject of a two-day conference to be held at the University of Pittsburgh on February 9 and 10, 1950. This is the fourth in a series of conferences on current trends in psychology which has been scheduled by the department of psychology at the University of Pittsburgh. All members of the American Psychological Association and of the American Medical Association may obtain tickets of admission without charge by writing to the Department of Psychology, University of Pittsburgh. The speakers on the 1950 program and their prospective topics are as follows:

Robert Felix. *Psychology in Public Health.*

Carlyle Jacobsen. *Psychology in Medical Education.*

Robert A. Patton. *Experimental Psychopathology.*

Y. D. Koskoff. *Psychology in Neurological Research.*

Paul Huston. *Psychology in Relation to Psychiatry.*

Nathan W. Shock. *Psychological Research in Gerontology.*

Hans J. Eysenck. *Psychology and Medicine in Great Britain.*

**Los Angeles-Orange County State College**, at 5401 East Anaheim, Long Beach 4, California, is the newest unit in the California State College system. The selection of the final site has not been made. The college will serve the needs of southeastern Los Angeles and of Orange County. P. Victor Peterson, formerly of San Jose State College, is the new president. Members of the APA who have been appointed to the staff are Robert T. Ross, formerly of Stanford University, now associate professor in the department of psychology; Ernest H. Ward, formerly of Los Angeles State College, now associate professor of education and commerce, and Hugh S. Brown, formerly of Los Angeles State College, now dean of administration.

**The American Association for Public Opinion Research** will hold its 1950 meetings with the World Association for Public Opinion Research at Lake Forest College, near Chicago, June 16-20.

**Clark University** has reorganized its department of psychology and education into two separate departments, with psychology under the chairmanship of Heinz Werner, and education under the chairmanship of Vernon Jones.

**A conference at the Institute for Advanced Study** was called by the director, Robert Oppenheimer, on November 23 to 27, 1949, to advise him on how the Institute facilities might be used to further progress in psychological research and theory. Participating in the conference in addition to Robert Oppenheimer were Frank A. Beach, Edwin G. Boring, Jerome S. Bruner, Dorwin Cartwright, Ernest R. Hilgard, David M. Levy, Donald G. Marquis, Helen Peak, Robert R. Sears, David Shakow, and Dael Wolfe. After considering the ways in which the principal theoretical systems handle a number of key problems in psychology, the group recommended a critical study of the entire field of motivation. Systematization of concepts concerning motivation, it was agreed, would aid in the development of more rigorous thinking and experimentation in a wide variety of psychological problems.

**The Call for Papers** for the 1950 convention of the American Psychological Association will appear in the March issue of the *American Psychologist*. To encourage advance planning by individual members, the following information is submitted in advance to the membership of the APA:

(1) Abstracts of individually volunteered papers will be due on April 10.

(2) As last year, special symposia will be initiated and arranged primarily by the divisions. Final plans for symposia, including names of speakers and topics, must be forwarded by the divisions to the APA Convention Program Committee in time to arrive by May 1. Members who wish to make suggestions about symposia will therefore do well to correspond with the appropriate division program committee chairman as early as possible.

The names of the chairmen of the program committees of each division are as follows:

Division	Chairmen
1	Not yet known.
2	Dr. Sidney L. Pressey, Department of Psychology, Ohio State University, Columbus 10, Ohio.

## Division

## Chairmen

- 3 Dr. Edwin B. Newman, Memorial Hall, Harvard University, Cambridge 38, Mass.
- 5 Dr. Irving Lorge, 525 W. 120th Street, New York 27, N. Y.
- 7 Dr. Harold H. Anderson, Department of Psychology, Michigan State College, East Lansing, Mich.
- 8 Not yet known.
- 9 Mr. Eugene H. Jacobson, Survey Research Center, University of Michigan, Ann Arbor, Mich.
- 10 Not yet known.
- 12 Dr. Norman Cameron, Department of Psychology, University of Wisconsin, Madison, Wisconsin.
- 13 Not yet known.
- 14 Dr. William McGehee, Personnel Department, Fieldcrest Mills, Spray, North Carolina.
- 15 Dr. Lee J. Cronbach, Bureau of Research and Service, University of Illinois, 1007 S. Wright St., Champaign, Ill.
- 16 Not yet known.
- 17 Dr. Lewis E. Drake, University of Wisconsin, Madison, Wis.
- 18 Mr. Kenneth B. Ashcraft, 2070 So. Cook St., Denver, Colo.
- 19 Not yet known.
- 20 Dr. Irving Lorge, 525 W. 120th Street, New York 27, N. Y.

Applications for associateship are coming into the APA office about three times as fast as in any previous year. About four hundred applications have been received in two months, though the deadline is not until September 15, 1950. Early application is desirable, as there is then the opportunity for careful examination of credentials beforehand.

The summary of Graduate Assistantships and Fellowships, as published for the last two years in the January *American Psychologists*, was omitted as a feature for 1950. New Associates or Student Affiliates who would like copies of the 1949 summary may secure a reprint by sending ten cents in coin or stamps to the APA office.

**Error.** The managing editor must apologize for the asterisk in the November issue, 1949, page 467,

which converts the profit for the *Journal of Consulting Psychology* amounting to \$3,003.66 to a loss of the same amount. Please delete this asterisk if you wish to study the accounts of the Association. We are happy to report that two members have not only looked over the Association's accounts, but studied them enough to report on errors.

#### Errors, 1949 Directory.

Page 38. Charles K. Ferguson's correct address is 3927 De Longpre, Los Angeles 27, Calif., rather than 3427, as printed.

Page 162. Charles E. Thompson is an Associate in Division 12.

Page 164. Guy E. Buckingham and Vernon G. Schaefer are not Associates in Division 14, but Fellows.

Pages 169-170. John W. Macmillan is a Fellow in both Divisions 18 and 19. His divisional affiliation should also be added to his biographical entry on page 80.

**New PhD's in psychology.** In the November issue of the *American Psychologist*, new PhD's were invited to submit information regarding their new degrees. To supplement the list of those answering, we have examined the records of the Office of Scientific Personnel, which they kindly made available to us, in regard to the names of the candidates awarded PhD's during the year 1949. From the Commencement programs of the PhD-granting institutions, the Office of Scientific Personnel has collected the names of all PhD's granted by departments of psychology; they do not tabulate the records of doctorates which might be considered as psychological, if these are granted by departments of education, philosophy, or human development. Records for 1949 are not yet complete. Pittsburgh and UCLA have not sent in their Commencement programs for June, for example, and several other institutions have not sent in their August programs.

From these two sources, we collected a list of 164 psychologists awarded PhD's in 1949. In the 1949 Directory, 82 of these psychologists had already listed their PhD's. These are herewith omitted.

The following list gives the name and institution of those whose PhD degrees are not recorded in the 1949 Directory.

Albee, George W., Pittsburgh  
Alexander, Irving E., Princeton  
Anikeeff, Alexis Michael, Purdue  
Arbitman, Herman D., Cornell  
Baron, Martin Raymond, Iowa  
Barry, John Reagan, Ohio State  
Bass, Bernard Morris, Ohio State  
Benjamins, James, Ohio State  
Besnard, Guy Germain, Purdue  
Blum, Josephine Semmes, Yale  
Bonner, Hubert  
Bovard, Everett Warner, Jr., Michigan  
Brown, Kenneth B., Iowa  
Brown, Virginia Markey, Chicago  
Carr, Edward R., Purdue  
Casner, Daniel, New York University  
Christie, John Richard, California  
Cohen, Bertram D., Iowa  
Cohen, David, Pittsburgh  
Conger, John Janeway, Yale  
Corter, Harold M., Penn State  
Doughty, Joseph Michael, Johns Hopkins  
Drucker, Arthur J., Purdue  
Dymond, Rosalind Falk, Cornell  
Earhart, Richard H., Western Reserve  
Fiedler, Fred E., Chicago  
Fox, Bernard H., Rochester  
Gaylord, Richard Hilliard, Ohio State  
Gibb, Cecil Austin, Illinois  
Gleitman, Henry, California  
Goffard, S. James, Minnesota  
Grossman, David, Southern California  
Hall, John Fry, Ohio State  
Hall, Norman Brierley, Jr., Cornell  
Henderson, Robert W., Kentucky  
Highland, Richard William, Ohio State  
Hochberg, Julian Edward, California  
Horenstein, Betty Ruth, Brown  
Horrocks, Winifred Bellinger, Ohio State  
Hughes, Robert Moore, North Carolina  
Hurder, William Paul, Ohio State  
Inskip, Wilma Marie, Michigan  
Knutson, Andie Leonard, Princeton  
Kriedt, Philip H., Minnesota  
Kyle, George Thomas, New York University  
Lessard, Maurice Joseph, North Dakota  
Lindquist, Stanley Elmer, Chicago  
Long, Herman Hodge, Michigan

Luft, Joseph, UCLA  
Maltzman, Irving Myron, Iowa  
McCullough, Milton W., Cincinnati  
McPhee, Wm. Miller, Utah  
Montgomery, Kay C., Chicago  
Morton, Joan, Michigan  
Norris, Eugenia Brooks, Iowa  
Pepinsky, Pauline Nichols, Minnesota  
Pheiffer, Chester Harry, Ohio State  
Rogers, Will Chapel, North Carolina  
Roseman, Morris, Duke  
Rosenstock, Irwin M., California  
Ross, Josephine H., New York University  
Roy, Howard Laughlin, Minnesota  
Russell, Wallace Addison, Iowa  
Sageser, Henry Walton, Purdue  
Sakoda, James Minoru, California  
Shimberg, Benjamin, Purdue  
Smith, Frank Loren, Johns Hopkins  
Steisel, Ira Murray, Iowa  
Stern, George Gordon, Chicago  
Taylor, Janet Allison, Iowa  
Thorn, Katherine F., Minnesota  
Tiedeman, David V., Harvard  
Tupes, Ernest C., Michigan  
Wann, Trenton William, California  
Weiner, Milton Gershon, Clark  
Welsh, George Schlager, Minnesota  
Wheeler, Douglas Edwin, Iowa  
Williams, Henrietta Ver Meer, Illinois  
Yamaguchi, Harry, Yale  
Young, Kathleen Mary, Columbia  
Zaccaria, Michael Angelo, Texas  
Zimmerman, Wayne S., Southern California  
Zuhr, Bernard W., Wisconsin

Seventeen of the 164 psychologists listed from all sources are not, as of December 15, 1949, members of the American Psychological Association. One is a foreign affiliate; 6 are student affiliates, of whom 3 are now applying for membership; one is an applicant, and of 9 we have no record. Of 164 PhD psychologists, therefore, 9 or 5 per cent are not thus far affiliated in any way with the APA.

Some institutions furnish many more AB's who go on to complete their PhD's than do others. Without regard to number of students in the different universities, and hence without regard to the

proportion of students who take various types of degrees, the rank of the undergraduate colleges from which the 1949 PhD's in psychology obtained their AB's is given in the table. Only the first twelve, involving as many as three AB's, are shown. CCNY is the leading undergraduate producer, currently, of PhD's in psychology, with New York University second, and Brooklyn College third. The right column of the table shows the rank of these same institutions in terms of the AB origins of the science doctorates awarded in the United States in the decade 1936-1945 (from a compilation of the Office of Scientific Personnel, National Research Council).

The 1949 PhD's in psychology obtained their AB's at the following institutions:

Rank	Name	Number of AB's in Psychology	Rank for AB's in Science from 1936-1945
1	City College	11	8
2	New York University	8	17
3.5	Brooklyn	6	56.5
3.5	Chicago	6	5
5.5	California	5	1
5.5	Minnesota	5	3
8	Northwestern	4	29.5
8	Oberlin	4	18
8	Ohio State	4	9.5
11	Queens	3	not listed
11	UCLA	3	16
11	Michigan	3	6

**The Metropolitan New York Association for Applied Psychology** elected officers for the current year as follows:

President: Clairette P. Armstrong  
 Vice-president: Jeanne Gilbert  
 Secretary: Elinor J. Barnes  
 Treasurer: Edward M. L. Burchard  
 Past president: Frederick Gaudet  
 Board: Theodora M. Abel and Edwin R. Henry, 1948-50; William J. E. Crissey and George Lawton, 1949-51.

**The Society for the Psychological Study of Social Issues**, in cooperation with the American Sociological Society, presented two interdisciplinary symposia as part of the convention of the American Association for the Advancement of Science in New York City on the 29th of December.

"Racial and Religious Prejudice as a Problem in Industrial Relations" chaired by Ralph Gund-

lach, with Francis Downing (Queens College), Herbert Hosking (Management Consultant), Garda L. Bowman (N. Y. State Commission against Discrimination), and Marie Jahoda (Research Center for Human Relations) as the discussants, was the first of the two panels.

"When Can Attitudes Be Changed Through Mass Media of Communication?" was the second, with Eugene Hartley as chairman, and Leo Srole (Bureau of Applied Social Research), Samuel Flowerman (Department of Scientific Research, American Jewish Committee), and Alfred McClung Lee (Brooklyn College) as the discussants.

The national secretary of Psi Chi is now Dr. Miriam E. Crowley, Pierce Hall, Smith College, Northampton, Massachusetts.

**Mental Health Service**, a new monthly magazine soon to be established by the American Psychiatric Association to serve mental hospitals and other institutions caring for psychiatric patients, will be directed by Daniel Blain, medical director of the American Psychiatric Association. A grant of \$44,500 from the Commonwealth Fund made the project possible, but it is expected that it will eventually be self-supporting from subscription fees from participants.

**The American Psychiatric Association's** committees will be studied, under a plan announced by President George S. Stevenson as follows: "The Commonwealth Fund has granted the American Psychiatric Association \$10,000 to finance a new system of program planning and operation for its 30 working committees. The proposed project is largely experimental. Its purpose is to discover the administrative technics that will enable a large professional organization such as the American Psychiatric Association to make the most effective use of its leadership at the least expense of time and money. The American Psychiatric Association's 5300 members comprise the bulk of practicing psychiatrists in the U. S. and Canada. Considering that we need 10,000 more psychiatrists than we have in the U. S. alone, it follows that the time of those now available must be utilized with maximum efficiency. This new project will go far to show how it is to be done."

**The Inter-Society Color Council** will hold its annual meeting on March 8, 1950 in the Keystone

Room, Hotel Statler, New York City. Members of the APA are invited to attend. Committee and business sessions will be held in the morning. The afternoon session, arranged by representatives of the four design, decoration, and architect member bodies of the Council, will be entitled: "Color as Used in Architecture, Design, and Decoration." A dinner meeting will be entitled "I.S.C.C. Operation Rainbow." In the evening Ralph M. Evans will present an illustrated lecture, "Seeing Light and Color." For further information, address the Inter-Society Color Council, Box 155, Benjamin Franklin Station, Washington 4, D. C.

Fourteen new research projects have now been awarded grants by the National Institute of Mental Health. The four in psychology are:

**David P. Boder**, Illinois Institute of Technology, a grant of \$9,400 for a "Psychological and Anthropological Analysis of Topical Autobiographies of Displaced People Recorded Verbatim in Displaced Persons Camps."

**Judson S. Brown**, State University of Iowa, a grant of \$3,915 for a project entitled "Anxiety and Frustration in Human and Animal Behavior."

**Frances C. Orr**, Stanford University, a grant of \$8,044 for study of "Sibling Rivalry as a Psychological Hazard."

**Chester W. Darrow**, Institute for Juvenile Research, Chicago, a grant of \$3,900 for "Analysis of Psychophysiological Data on Hypnosis and on Emotion and Behavior Disorders Obtained During Past Four Years."

**Organization of a Commission on Financing Higher Education** was announced by Frank Diehl Fackenthal at a meeting of the Association of American Universities and the Association of Graduate Schools. Dr. Fackenthal is chairman of the new Commission. Formerly provost and acting president of Columbia University, he is now serving the Carnegie Corporation of New York as special consultant on college administrative problems.

John D. Millett has been appointed executive director of the Commission with offices at 1860 Broadway, New York 23, New York. Professor of public administration at Columbia University, Professor Millett has been granted a 3-year leave of absence to permit him to undertake this special assignment.

The Commission's study, which is projected for a

3-year period, is being financed by grants of \$400,000 from the Rockefeller Foundation and of \$50,000 from the Carnegie Corporation of New York.

**Cattell Fund.** The annual meeting of the Trustees of the James McKeen Cattell Fund was held in New York City, November 18, 1949. Dr. A. T. Poffenberger, secretary-treasurer, reported that a cash balance was on hand of \$4,026.72 and that receipts from dividends and gifts during 1949 would amount to \$3,905.00, making a total of \$7,931.72 available for consideration by the Trustees with respect to any applications for grants in accord with the Fund's purpose of advancing applied psychology through research and education.

Since the Fund was established in 1942, grants of one thousand dollars each have been made to the Psychology Department at Columbia University and at Yale University, and a grant of three thousand dollars to the Committee on Child Development of the National Research Council.

It was voted that hereafter the Trustees hold their annual meeting for consideration of applications for grants in February instead of November. Applications should be made prior to February first and addressed to Mr. Gurth Williams, Assistant Secretary, James McKeen Cattell Fund, 522 Fifth Avenue, New York 18, New York.

**Thomson Portrait Fund.** In order to pay tribute to the distinguished services of Professor Sir Godfrey Thomson in psychology and education, it is proposed to commission the painting of his portrait. Americans who may be interested in assisting in raising this fund are requested to send subscriptions to Dr. W. B. Inglis, Honorary Secretary and Treasurer, Sir Godfrey Thomson Portrait Fund, Moray House, Holyrood Road, Edinburgh 8, Scotland, not later than the 28th of February, 1950.

**Radcliffe College** invites applications for the Helen Putnam Fellowship, open to postdoctoral fellows in the field of genetics or of mental health broadly defined to include such fields as clinical psychology and child development. Applicants should be prepared to submit a plan of research, and preference will be given to those whose research is already in progress. The stipend is \$2800, with possibility of renewal. Application blanks, which should be returned by April 1, may be obtained

from the Secretary of the Graduate School, Radcliffe College, Cambridge, Massachusetts.

**The Delta Gamma Fraternity** invites applications for its scholarship awards for students who will specialize in education of the blind. Applications for scholarships for training starting in June should be filed by March 15, for training in the fall, by July 15. Apply to Mrs. Thomas Johnson, 1235 Longfellow, Detroit 2, Michigan.

**Pi Lambda Theta** invites applications for two awards of \$400 each for significant research studies on "Professional Problems of Women." Address inquiries to the chairman of the Committee on Studies and Awards, Dr. Alice H. Hayden, University of Washington, Seattle 5, Washington.

**The Illinois Children's Hospital-School** no longer has funds for interns, and therefore the intern salary as given in the February 1949 issue of the *American Psychologist* is incorrect. However, Miss Blossom F. Aberg, the psychologist there, writes that "we would be willing, however, to supervise their work and give them [the interns] the opportunity to work with orthopedically handicapped children for periods of no shorter than three months, preferably six. Should anyone who is a graduate student in clinical psychology be interested, we would like to make appointments for February and September."

**Clinical psychologist, PhD or MA**, with experience in therapy and projective tests. Personal analysis desirable but not essential. Private psychiatric clinic serving adults and children. Salary open. Apply to Dr. George C. Stevens, W. 1021 8th, Spokane, Washington.

**Clinical psychologists.** Kansas State Mental Hospitals need specialists in clinical psychology. Submit letter of qualifications, including age, complete information on education and training, previous and present employment, and availability. Address Kansas Department of Civil Service, 801 Harrison Street, Topeka, Kansas.

**Clinical psychologists**, as soon as possible, various ranks, at Topeka State Hospital. Assistant

clinical psychologist, beginning salary at \$3204-3528; associate, beginning salary at \$4092-4512; senior, beginning salary at \$4980-5496; chief, beginning salary at \$6060-6684. Experience requirements for above ranks, 1, 2, 3, and 4 years. Apply to Dr. Karl Menninger, Chairman, Committee on Education, Topeka State Hospital, Topeka, Kansas.

**Chief clinical psychologist, PhD** with one year of full-time paid employment in clinical psychology or MA with three years' experience; salary range, \$4500-5400. Apply to Dr. Jack R. Jarvis, Director, Division of Mental Hygiene, Department of Public Health, Box 2591, Birmingham, Alabama.

**Chief clinical psychologist**, either sex, PhD, at least two years' experience with children, for psychiatric health center. Duties consist of management of psychology department, part supervision of interns, psychotherapy with children and adults, research. Beginning salary \$4000 and full maintenance.

**Assistant clinical psychologist**, either sex, PhD or all requirements completed for degree, supervised internship. Appropriate salary and maintenance. Apply to Dr. J. Jastak, Delaware State Hospital, Farnhurst, Delaware.

**Reading clinician**, as soon as available, either sex, MA with experience in teaching reading to high school and college students and adults desired, but applicants with no experience but special training at graduate level in reading will be considered; to do both diagnostic and instruction work in reading for people 16 years and over. Salary range, \$2800-3600. Apply to Mrs. Elizabeth A. Simpson, Director of Adult Reading Service, Illinois Institute of Technology, 18 South Michigan Avenue, Chicago 3, Illinois.

**Visiting professor** beginning July 1, 1950. PhD with teaching and clinical experience. Appointment for at least one year. Chief duties will be instructing in mental hygiene and clinical psychology, conducting research, directing field work, supervising MA theses. Salary range, \$4200-4500. Apply to R. B. Liddy, Department of Psychology, University of Western Ontario, London, Ontario.

## MEMBERSHIP RULES IN THE AMERICAN PSYCHOLOGICAL ASSOCIATION

There are three classes of membership in the American Psychological Association: Associate, Fellow, and Life Member.

### *Associates*

The largest class of membership is *Associate*. In order to qualify as an Associate an applicant must meet one of three sets of requirements:

1. He must have a doctor's degree based in part upon a psychological dissertation and conferred by a graduate school of recognized standing; *or*
2. He must have completed two years of graduate work in psychology at a recognized graduate school and be devoting full time to work or graduate study that is primarily psychological in character; *or*
3. He must have completed one year of graduate study plus one year of professional work in psychology and be devoting full time to work or graduate study that is primarily psychological in character.

Distinguished persons in related sciences, education, or other fields outside of psychology sometimes apply for membership in the Association because of their interest in allied research problems. When the Board of Directors considers it in the interests of the Association to elect such distinguished persons, the requirements stated above may be waived.

Annual dues for Associates are now \$12.50.

Applicants must have their applications complete by September 15. New Associates are elected in the fall and their membership is dated as of the next year. Journals due Associates begin with the January issues; they receive the *American Psychologist*, the *Psychological Abstracts*, the *Psychological Bulletin*, and the *Directory*.

### *Fellows*

Properly qualified Associate members may, upon nomination by one of the Divisions and election by the Council of Representatives, become *Fellows* of the American Psychological Association. Fellows must previously have been Associates. They must have a doctor's degree and at least five years of acceptable professional experience beyond that degree. They must be primarily engaged in the advancement of psychology as a science and a profession.

Annual dues for Fellows are now \$17.50. Fellows receive the same journals as Associates.

In the American Psychological Association, no one is made a Fellow except at his own request.

### *Life Members*

*Life Membership* is open to members who have reached the age of 65 and who have been members for twenty years. They are exempt from dues, and receive the *American Psychologist* and the *Directory*.

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University of Maryland  
College Park, Maryland

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University of Wisconsin  
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